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ABSTRACT

Presented is a summary of the Final Report of the federally funded Project on Classification of Exceptional Children. Reviewed is the scope of the project which emphasized such aspects as the effects of labeling on individual children and the technical adequacy of diagnostic and classification systems. Among limitations ascribed to categories and labels are imprecision and insensitivity to individual changes. Problems in institutional care resulting from labeling are considered. Individualized program planning is seen to be one alternative approach to traditional classification. Provided are major project recommendations in seven broad areas (including funding and manpower training), and listed are seven priority needs including support for parents and fairness to disadvantaged and minority group children). (CL)

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The Futures of Children

Categories, Labels, and their Consequences

Highlights, Summary, and Recommendations
From the Final Report
of the
Project on Classification of
Exceptional Children

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CENTER FOR THE STUDY OF FAMILIES AND CHILDREN
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Project on Classification of Exceptional Children

June 1, 1975

Honorable Caspar W. Weinberger, Secretary
Department of Health, Education, and Welfare
Washington, D.C. 20201

Dear Mr. Secretary:

I have the honor to present this summary of the final report of the Project on Classification of Exceptional Children, entitled The Futures of Children. The report provides an assessment of the art of classification of children. It weighs the effects of labeling and of experiences that come to children as a consequence of being classified, and it makes recommendations for diminishing the harmful effects of classification and labeling while preserving their benefits in planning, providing, obtaining, and evaluating services.

I am sure you share our hope that these efforts will contribute substantially to the well-being of the nation's exceptional children.

Sincerely,

Nicholas Hobbs

Nicholas Hobbs
Project Director

NH:cd

Introduction

. . . . Classification can profoundly affect what happens to a child. It can open doors to services and experiences the child needs to grow in competence, to become a person sure of his worth and appreciative of the worth of others, to live with zest and to know joy. On the other hand, classification, or inappropriate classification, or failure to get needed classification—and the consequences that ensue—can blight the life of a child, reduce opportunity, diminish his competence and self-esteem, alienate him from others, nurture a meanness of spirit, and make him less a person than he could become. Nothing less than the futures of children is at stake.

In the summer of 1972, Secretary of Health, Education, and Welfare Elliot L. Richardson announced the Project on Classification of Exceptional Children to address a serious national problem: the inappropriate labeling and classification of exceptional children, and the inappropriate diagnosis, treatment and education they may subsequently receive.

The specific objectives of the project were to increase public understanding of problems associated with the classification and labeling of handicapped, disadvantaged, or delinquent children; to provide a rationale for public policy and practical suggestions for new laws and administrative guidelines bearing on classification and its consequences; and to improve the performance of professional practitioners responsible for the well-being of exceptional children. Nine agencies of the Department of Health, Education, and Welfare sponsored the project, and a small staff at Vanderbilt University designed and directed the study, with

assistance from a national advisory committee, a federal interagency task force, and some thirty technical committees. Altogether, more than two hundred experts in disciplines concerned with exceptional children contributed directly to the final report, *The Futures of Children*, and to two companion volumes, *Issues in the Classification of Exceptional Children.**

This booklet attempts to summarize the highlights and recommendations of *The Futures of Children*. It is an abbreviated report to those who are concerned about exceptional children: teachers and school administrators, physicians, psychologists, and social workers; legislators, and public officials, national, state, and local leaders; and, especially, parents, whose burden is great and enduring and who deserve our understanding, assistance, and often our admiration. It is for all those who dedicate themselves "to the children of our nation, whose hope lies in our caring and whose futures are our trust."

*The books have been published by Jossey-Bass Inc., Publishers, San Francisco.

1

The Dimensions of the Project

Millions of American children are classified and labeled in schools, doctors' offices, clinics, courts, and government agencies as retarded, emotionally disturbed, deaf, blind, physically handicapped, delinquent, or economically disadvantaged. They are exceptional in a negative sense, which means "below normal," and on the evidence the conclusion is inescapable that most of them have not received comprehensive examination, diagnosis, treatment, or education. They may be stigmatized by labels that make them easy to count but difficult to help, and all too frequently the labels lead nowhere or to treatments that compound the problem. Of course, classification is essential to provide and obtain services. The issues are two: how to minimize the negative consequences of classification and labeling and how to assure access to effective treatment of children in need of care.

How many such children are there? From newborn infancy through the teenage years, there are now almost 80 million American children and young people. The Bureau of Education for the Handicapped in the U.S. Office of Education estimates that more than seven million children and youth are classified as handicapped. Another group of children are called antisocial. They include those officially classified as delinquent or in need of supervision, some of whom are in correctional institutions. Well over a million children a year are handled by the nation's juvenile courts. The study is also concerned indirectly with the approximately 10 million minority-group children in the nation, because disproportionately high numbers of them are classified as handicapped, delinquent, or disadvantaged, and the consequences

of such labels for those children frequently are worsened by discrimination and prejudice.

Since the weight of this report is critical of current classification procedures and their frequently harmful consequences for children, it is important to note at the outset that a genuine concern for children has led to sustained and productive efforts in their behalf in the past 15 years. The federal courts have acted to require equal access to educational opportunities, fair procedures for classification of the mentally retarded, humane treatment of the institutionalized retarded, and adversarial protection in juvenile court proceedings. The executive and legislative branches of the federal government have established the President's Committee on Mental Retardation, the National Institute of Child Health and Human Development, the Joint Commission on Mental Health of Children, the Office of Child Development (the administrative base for Head Start, the National Center for Child Abuse, and more than half a dozen other special programs), the Developmental Disabilities Program, and several more categorical initiatives. Congress has also funded programs of research, training, and clinical services, supported programs to train teachers for the handicapped, increased appropriations to several established programs for exceptional children, and strengthened the youth-services programs of the Law Enforcement Assistance Administration. The states and some private agencies have often followed the federal lead by demonstrating a new commitment to the needs of exceptional children.

These developments have led to some notable improvements in a relatively short period of time, and that is indeed heartening. But unfortunately, few of them have resulted in a more flexible classification system; on the contrary, they frequently have had the opposite effect by strengthening old categories and adding new ones.

The magnitude and complexity of the problem faced by policy makers and practitioners can hardly be overstated, for the effects of classification can be both beneficial and harmful. For example:

* Children who are categorized and labeled as different may be permanently stigmatized, rejected by adults and other children,

and excluded from opportunities essential for their full and healthy development. *Yet* categorization is necessary to open doors to opportunity, to get legislation, funds, service programs, sound evaluation, research, and even effective communication about the problems of the exceptional child.

* Children may be assigned to inferior educational programs, deprived of their liberty through commitment to an institution, or even sterilized, with little or no consideration of due process, on the basis of inadequate diagnostic procedures. *Yet* the knowledge is at hand to evaluate children with reasonable accuracy, to provide suitable programs for them, and to guarantee them due process.

* Large numbers of minority-group children have been inaccurately classified as mentally retarded on the basis of inappropriate intelligence tests and placed in special classes or programs where stimulation and learning opportunities are inadequate. *Yet* many of these children do need special assistance to manifest and sharpen their unappreciated competencies, and improved classification procedures could increase their chances of getting needed services.

* Classification of a child can lead to his commitment to an institution that defines and confirms him as delinquent, blind, retarded, or emotionally disturbed. The institution may evoke behavior appropriate to his label, thus making him more inclined to crime, or less reliant than he could be on residual vision, or less bright than his talents promise, or more disturbed than he would be in a normal setting. *Yet* families and communities are not equipped to sustain and contain some children; the family may require relief, and the child himself may need the protection and specialized services of an institution.

* We have a multiplicity of categorical legislative programs for all kinds of exceptional children. *Yet* the child who is multiply handicapped, who does not fit into a neat category, may have the most difficulty in getting special help.

* The juvenile court system was designed to guide and protect the delinquent child, as well as to protect society, and the juvenile court judge serves a near-parental function. *Yet,* becuase of inadequate procedural safeguards, children classified as

delinquent or in need of supervision may receive harsher treatment than would an adult who had committed the same offense.

* Voluntary and professional associations, organized around categories of exceptionality, raise millions of dollars annually, and public agencies, which also are organized by categories, are well staffed and busy. *Yet* associations, bureaus, and service agencies compete for scarce resources, there is much duplication of effort, services for children are poorly coordinated, continuity of care is seldom achieved, and children get lost over and over again.

In response to problems such as these, the Project on Classification of Exceptional Children focused on four major considerations: the technical adequacy of diagnostic and classification systems, with a view toward increasing accord, accuracy, and uniformity of use; the effects of labeling on individual children, with a view toward developing policies and procedures to minimize ill effects; the consequences (such as special class placement or institutionalization) that may ensue from classification, with a view toward increasing good effects and lessening harm; and the social, legal, and ethical implications of classifying and labeling children, with a view toward achieving a sensible balance between individual rights and the common good.

During the course of this study, there emerged a strong consensus on several points. These conclusions about classification and labeling and about ways to mitigate their ill effects while preserving their value can be read as the ideological bases which form the framework of the report:

1. *Classification of exceptional children is essential to get services for them, to plan and organize helping programs, and to determine the outcomes of intervention efforts.* There is widely expressed sentiment that classification of exceptional children should be done away with. This is a misguided aspiration. Classification and labeling are essential to human communication and problem solving; we do not wish to encourage the belief that abuses can be remedied by not classifying. What we argue for is more precise categories and more discriminating ways of describing children in order to plan appropriate programs for them. We seek, through analysis of the problem and alternative solutions to it, to maximize the utility of classification and to

minimize its unfortunate consequences in the lives of children. At the same time, we also note and condemn diagnosis and classification as ends in themselves. Too often, professional people are content to identify a problem, to diagnose, to classify, and then to avoid responsibility for putting their findings to use.

2. *Public and private policies and practices must manifest respect for the individuality of children and appreciation of the positive values of their individual talents and cultural backgrounds. Classification procedures must not be used to violate this fundamental social value.* The richness and vitality of our national life will not be enhanced by increased uniformity, by the imposition on all children of the values and aspirations of the dominant white, Anglo-Saxon, Protestant majority. Public policy should support the right of the individual to be different, and encourage not mere tolerance but a positive valuing of difference. We argue not for cultural division and fragmentation, but for simple respect for differences. In a free and open society, classification should serve to increase both the freedom to choose and the range of options to choose from.

3. *Our institutions for the care of exceptional children, considered as a whole, provide inadequate, uncoordinated, and even hurtful services; all citizens share responsibility for these unsatisfactory circumstances, and for their repair.* There are some excellent institutions in this nation—enough to demonstrate that society need not settle for what is more typical: institutions that are a national disgrace. Even the bad ones are sometimes staffed by conscientious and competent men and women who are dedicated to the well-being of children, but often they may be staffed by people who are indifferent, incompetent, lazy, or cruel. Both the caring and the cruel are caught up in a largely unexamined and wholly inexcusable system. The point is that the keepers of children are doing the jobs defined for them by society. The bad institutions will not change, and the shameful abuses will surely continue, unless citizens demand that our child-care system be changed.

4. *Special programs for handicapped children should be designed to encourage fullest possible participation in the usual*

experiences of childhood, in regular schooling and recreational activities, and in family and community life. When a child must be removed from normal activities, he should be removed the least possible distance in time, in geographical space, and in the psychological texture of the experience provided. Most exceptional children, regardless of their primary handicapping condition or circumstances, have needs in common with all children: the need to grow and learn, the need to accept themselves and to establish rewarding relationships with others, the need to read, write, spell, and cipher, the need to understand the world they live in, to be good citizens, to enjoy living. We see little to be gained by designing categorical programs that set these children apart from others, accentuate their differences, and deny them access to individually designed learning opportunities that should be the right of all children. This is not to argue that special classes or special institutions are never needed. What we advocate is that exceptional children should be treated in a normal fashion unless their condition clearly requires an alternative approach; that if an alternative approach is required, it should be the least constricting arrangement possible; that classification systems should be refined to match the problems of the child with the services he needs; and that all special programs should provide explicitly for a periodic review of each child's status, and for his quickest possible return to a regular setting.

5. *Categories and labels are powerful instruments for social regulation and control, and they often are employed for obscure, covert, or hurtful purposes: to degrade people, to deny them access to opportunity, to exclude "undesirables" whose presence in society is some way offends, disturbs familiar custom, or demands extraordinary effort.* People seem almost instinctively to react negatively to those who are different. Our national life is full of examples of rejection of people who were regarded as strange in language, custom, or appearance. The function of social control through labeling is ordinarily exercised without a high level of awareness. Exceptional children too often suffer the consequences of such affronts to human dignity: school systems sometimes segregate racial and ethnic groups by means of inappropriate

intelligence tests or by labeling minority children as retarded, institutions for severely handicapped children are usually located in out-of-the-way places, and even children themselves, when they have had little opportunity to know handicapped children as individuals, and under favorable circumstances, can be notoriously cruel in their exclusion of those who are different.

6. *Our nation provides inadequately for exceptional children for reasons linked to their being different; it also provides inadequately for exceptional children because it provides inadequately for all children. There is urgent need for a new national commitment to nurture the health and well-being of all our children and young people.* Current national policy for human resource development emphasizes crisis intervention, correction, and repair after the damage is done. But the nation cannot neglect children, nurture them in violence, and expect them to grow up to be good citizens, concerned with the well-being of their fellow man. The nation's best bet for reducing the prevalence and severity of mental retardation, emotional disturbance, antisocial behavior, and a host of other personally limiting and socially costly disabilities is to mount preventive programs from childhood on and to maintain them as long as need is present. We endorse a new national strategy that would require an investment in comprehensive preventive and developmental support for all children, to the end that all can have equal access to the opportunities and services that alone can guarantee the fullest realization of their potential.

2

The Limitations of Current Categories and Labels

There are something more than a dozen classical categories commonly used to identify the disabilities of exceptional children; among them are mental retardation, emotional disturbance, antisocial behavior and delinquency, economic disadvantage, visual impairments, hearing impairments, speech and language disorders, orthopedic handicaps, neurological impairments, learning disabilities, and developmental disabilities. And there are dozens of other terms more or less synonymous with these. The vocabulary of exceptionality varies from state to state, from profession to profession, from institution to institution, and from time to time.

For a multitude of reasons, these conventional categories and labels and the procedures for arriving at them are inadequate. They are imprecise: they say too little, and they say too much. They suggest only vaguely the kind of help a child may need, and they tend to describe conditions in negative terms. Generally, negative labels affect a child's self-concept in a negative way, and probably do more harm than good. We recognize, of course, that negative labels refer to real conditions that are inherently undesirable, and we have already noted that it is impossible to get away from labels entirely. What is needed, then, is a deepened acceptance and appreciation of the handicapped or delinquent as complex human beings, different from yet similar to all others, and for whom any single label will be insufficient. Needed as well are ways of describing individuals that are more precise than the conventional labels.

The reliability of diagnostic procedures leading to the classification of exceptional children is always less than perfect. In

each of the categories listed above, there is often a lack of unanimity among professional practitioners about the meaning and application of descriptive terminology. And sometimes the instruments used to measure a condition are themselves misused. The standardized intelligence test affords a good example. Tests do predict reasonably well, for the short term, a child's probable success in coping with the demands of school programs reflecting the mainstream culture. When institutional goals are paramount and the objective is to maximize some gain other than the fullest development of the individual, intelligence tests and other predictors of performance can be useful. But the routine use of such tests as the sole determinant of intelligence, as the primary basis for school placement, and as the justification for permanently labeling a child as mentally retarded is at best questionable, and at worst indefensible. Tests are a useful, though not a sufficient, instrument for identifying the full range of children in need of special assistance. But more precise educational diagnosis is also needed; children must be allowed to demonstrate their competence directly through performance; individualized instruction, rather than segregated tracking based on test scores, should follow the diagnosis.

A further limitation of labels and categories as they are presently used is the fact that they are intended as much to protect society as to help children. Society in large measure defines what is exceptional, and to an indeterminate extent, labeling requires behavior appropriate to the label. Labels such as *mental retardation* or *learning disability* may provide teachers with an excuse for their failure to teach a child. Children may be stigmatized by the labels applied to them, and their subsequent low self-esteem may lead to performance that makes the label a self-fulfilling prophecy. Classification is not a simple, scientific, value-free procedure with predictably benign consequences. Rather, it arises from and tends to perpetuate the values of the cultural majority, often to the detriment of individual children or classes of children. The majority has traditionally made the rules and determined what is good, normal, and acceptable; classification serves to identify children who do not fit the norms, who are not progressing normally, and who pose a threat to the

equilibrium of the system, so that they may be changed or isolated.

Classification can thus become a mechanism for social control. It can institutionalize the values of the cultural majority, govern the allocation of resources, regulate access to opportunities, and protect the majority from undue anxiety. The social purposes and consequences of categories and labels clearly are weighted to the disadvantage of the exceptional children who bear those labels, and that is especially so for children who belong to racial minority groups or to the least affluent socioeconomic classes.

One additional consequence of categories and labels, having to do with classification and the law, should be noted here. Sometimes it is necessary and reasonable to restrain the liberties of people in order to protect society—people who cannot see, to cite an obvious example, should not be allowed to drive automobiles. But many of the legal restraints on handicapped people are not so clear-cut, and in the exercise of those restraints, gross abuses of individual rights (the right to privacy, for example, or to due process) occur with intolerable frequency, and categories and labels often are instrumental in the legitimization of abuse.

Involuntary hospitalization, sterilization, the right to marry and have children, and the determination of incompetence are some of the most serious matters that may be decided in the courts of law, and the consequences can be permanent and devastating for the individual. The potential problems in the legal realm are continuous: Who determines when a person should be declared incompetent? What evidence is required to support that decision, and how is it obtained? What guarantees are there that the individual's right to due process of law will be protected? When a child has been given a label (mentally retarded, emotionally disturbed), what assurance is there that the classification will be subject to review and change at a later time? What protection is given to the privacy of records and files on exceptional children? How can errors in records be corrected, and out-of-date information be removed? What legal redress do children have when they have been improperly classified? How can institutions doing a poor job of caring for exceptional children be

forced by law to make fundamental improvements? Classification has far-reaching legal implications.

In summary, the limitations of categories and labels as they are now used are numerous and serious. The traditional categories of exceptionality yield too little information to plan a course of action; to say that a child is mentally retarded is to tell a parent or teacher or physician very little about what should be done to help him. The imprecision of the category lets popular and stereotyped conceptions of mental retardation influence reactions to the child, and thus the label is too blanketing, making it difficult for people to appreciate the child's positive attributes. When a child is assigned to a special class for the educable mentally retarded, his opportunities to learn will often be severely restricted, and he is likely to remain in that class throughout his years in school. As a result of limited ability plus limited opportunity, his performance will confirm test predictions, and he will become more and more like what his label requires him to be. When a child has multiple problems, as exceptional children often do, classification may lead to the neglect of all but his dominant condition and need.

Systems for classifying exceptional children are generally insensitive to the rapid changes that may take place in a child. Mental retardation in children is not a fixed, immutable condition. Emotional disturbance can be highly transitory, responsive to the acquisition of new competencies and to changes in the expectations of others. Antisocial behavior is much influenced by external situations. To call a child retarded, disturbed, or delinquent reduces our attentiveness to changes in his development. To say that he is visually impaired makes us unappreciative of how well he can see, and how he can be helped to see even better.

Classification also tends to focus on the individual child, neglecting to take into consideration his family, his school, and his community. Both the origin of his problems and the correction of them often cannot be understood or attended to unless he is viewed in these larger settings.

The combination of imprecise terminology, imperfect tools of measurement and analysis, and the conflicting medical, social, legal, and humanistic objectives of labeling is enough to compel

caution in the uses of available classification schemes, and to prompt a serious search for better ways to identify and serve the needs of exceptional children. The positive values of classification must be preserved and extended.

A primary cause of rigid labeling of exceptional children can be found in the organizational structure of funding and support agencies. It is easy to get the impression that the primary objective of our arrangements for children is not to provide service with maximum effectiveness but to maintain maximum autonomy of myriad agencies, to keep their staffs fully employed, and to protect the community, with children a secondary concern. It is extraordinarily difficult for a family to find out what resources are available. Handicapped children carom off agency after agency, none achieving a comprehensive view of the problems of a child and his family. Given such rampant categorization, it is perhaps remarkable that exceptional children are as well served as they are.

Federal, state, and local programs for exceptional children are organized categorically to provide a structure for legislation and administration, to encourage the support of legislators, to facilitate the flow of funds, and to increase accountability. Yet competent authorities agree that categories impede program planning for individual children by erecting artificial boundaries, obscuring individual differences, inhibiting decision making by people closest to the problem, discouraging early return of children to regular classrooms, harming children directly by labeling and stigmatizing, and denying services to children with multiple handicaps and to other children who do not fall into neat categories.

Categorical concepts define the boundaries of Washington bureaus and of programs within bureaus, and practices at the state level parallel federal practices in a mutually reinforcing way. Coordination at every level is badly needed. The problem to be solved is this: how to write federal and state legislation and organize government bureaus in ways that will guarantee the necessary assistance to exceptional children and also avoid inefficient and harmful practices at the local level.

3

After Labeling: Problems in Institutional Care

The consequences of classification can extend far beyond the acquisition of a label by a child. Classification of a child in trouble often steers him into one or another of the specialized helping systems that are brought into play when the institutions normally responsible for helping the child grow up (the family, school, church, neighborhood) appear to be inadequate to the task. These specialized institutions—the education system, the mental health system, and others—were created to help children, but often they inflict unintentional harm. To examine how these efforts to help can have the opposite effect on children is not to suggest that the institutions described, and the people responsible for them, cannot or do not help children. They do, or can. The point is that labels can diminish or defeat the best-intended efforts to help, and classification can be used to sanction treatment of children in ways that no professional group defends.

Institutions shape their own character out of two basic drives: the need to accomplish a recognized mission, and the need to preserve and enhance the institution itself as it is perceived by all who are associated with it. The two are not always in harmony. Some agencies seeking to help children appear to encourage the child's continuing reliance on the agency rather than the development of his independent and autonomous competence. Some special educators encourage separation of their programs from regular school classes, and efforts to abolish isolating categories of exceptionality are perceived as a threat to the special

educational programs. Institutions with freedom to choose their patients or clients have a strong tendency to select those least in need of assistance, leaving the really tough cases to others, or to neglect. In such diverse ways, organizations seek to enhance and protect themselves.

A number of realistic factors contribute to such organizational behavior. It is difficult to recruit staff to work in institutions located in out-of-the-way places. Most public institutions are grossly and chronically underfinanced. Underfinancing inevitably creates inadequate staffing. In many states, professional salaries have been too low to attract people of high competence, and the non-professional salaries for attendant personnel have often fallen below the national poverty level. Underfinancing has also resulted in institutional peonage, the practice of retaining residents who could succeed outside the institution because they are needed to perform work necessary to keep the institution running.

Overcrowding is also commonplace. Many residential facilities have 25 to 50 per cent more residents than they were designed to serve, and some even house twice the intended population. Buildings that are old and poorly designed create additional problems: inadequate heating and cooling, unsanitary food service facilities, antiquated lavatory and toilet facilities. Yet another problem is caused by the rapid turnover of staff personnel and children in large institutions. In some places, units function as households, and stable associations between children and staff members are possible; in contrast, the children in one ward of a large hospital observed by a research team over a three-and-a-half-year period were cared for by 246 different adults, and the children themselves were moved as many as 18 times during the same period.

Beset by such formidable difficulties, institutions tend to invest heavily in their own survival and to demand conformity to survival strategies, both from the staff and from the children they are supposed to help. A closer look at three kinds of institutions—for emotionally disturbed, mentally retarded, and delinquent children—underscores the critical need for reform:

In the children's ward of almost any large state mental hospital, there are people, children and staff alike, caught up in a

no-exit game. Patients and staff play their roles, each defined by the other, both prescribed by elaborate regulations and procedures that serve one purpose: to maintain the stability of the institution. Most of these institutions are so large, so unwieldy, so antiquated in design, so poorly staffed, so burdened with the miseries of man that everyone involved must devote most of his energies to maintaining a steady situation. The metaphor of illness rules. Change in or deviation from role requirements cannot be tolerated. Apathy goes unnoticed. Precise adherence to role expectation is praised and rewarded, while deviations and serious efforts to change the system are punished. In such a setting, hospitals can indeed make children sick.

Good institutions for emotionally disturbed children exist, but they are all too few. In 1970, a committee of the Joint Commission on Mental Health of Children described one aspect of the problem this way:

> The admission of teenagers to state hospitals has risen something like 150 per cent in the last decade . . . . Instead of being helped, the vast majority are the worse for the experience. The usual picture is one of untrained people working within the framework of long abandoned theory (where there is any consistent theory), attempting to deal with a wide variety of seriously sick youngsters . . . .
>
> What we have, in effect, is a state of quiet emergency, unheralded and unsung, silently building up its rate of failure and disability and seemingly allowed to go its way with an absolute minimum of attention from the public, the legislators, or the clinical professionals.

More than 200,000 individuals diagnosed as mentally retarded are residents of public institutions, and about 30 per cent of them are children. The longer the child is institutionalized and the younger he is when placed, the greater the negative effect is likely to be. A great percentage of individuals who are discharged from institutions fail to remain in the community because they lack the skills required to cope with the normal demands of everyday life. Having adapted to institutional life, they have become maladapted to the world outside. There exists considerable evidence that institutionalization is stigmatizing, that it increases isolation of the child from his family and community,

that it develops negative self-concept and limits personal achievement. Institutions for the mentally retarded throughout the nation neglect children in ways that must not be allowed to continue. There is considerable evidence that mental retardation is not a hopeless, unresponsive condition—that good training and environmental improvements can make a significant and sometimes even a relatively great difference in a child's life. The philosophy governing institutions and programs intended to serve the mentally retarded child should be brought up to date with that reality.

The problem of delinquency emerged at the turn of the century as a reflection of increasing urbanization, industrialization and poverty, and their effect on established patterns of family and community life. As more and more children were processed by the courts, concern grew that they were being brutalized by the established criminal justice procedures. A separate judicial and correctional system for children was created to prevent their being treated as criminals and to facilitate their becoming healthy adults and good citizens.

The courts, however, have not succeeded in providing adequate protection for children. Today there is no clear understanding of what the juvenile courts are for, whether they exist basically to enforce criminal laws or to serve the best interests of children. In 1966 the U. S. Supreme Court stated: "There may be grounds for concern that the child receives the worst of both worlds: that he gets neither the protections accorded to adults nor the solicitous care and regenerative treatment postulated for children." A current movement to divert children and youth away from the juvenile justice system is grounded in a concern that the labeling and stigmatizing of children by police apprehension, arrest, and incarceration actually reinforce deviant behavior.

The delinquent label causes four major changes in the life of the child to whom it is applied. It acts as a self-fulfilling prophecy and encourages the child to identify himself as bad, and to organize his behavior, attitudes, and ambitions accordingly; it strips the child's community of the positive means of control it normally employs to hold the behavior of its children in line with

its values; it cuts off legitimate opportunities for success and recognition; and it opens doors to illegitimate opportunities.

Once a child has been placed in a correctional institution, the inadequacy of the institutional machinery is borne out. Juvenile facilities typically are inadequate, scattered unevenly across communities, and poorly supported by state funds. Even when the court appears to know what a child needs, the resources for implementing an appropriate treatment plan may simply not be available. The prevalent experience of youths inside institutions is disheartening to say the least: the strong dominate the weak and the sophisticated educate the naive. In the absence of specialized and personal care and treatment, an atmosphere of hostility, insensitivity, and futility often permeates days marked by idle time, needless regimentation and impersonality, and continual degradation. All evidence points to the fact that excessive psychological mistreatment—and sometimes physical mistreatment as well—is still directed at juvenile detainees. The large training schools, which purport to have extensive educational, vocational, and psychiatric services, in reality provide very little. Under these conditions, alienation from home, community, and the norms they represent is highly probable and compounds the difficult transition back into a normal setting. Unquestionably, in the juvenile justice system as it operates today, there is too little help and too much potential for hurt.

4

Some Steps Toward Improvement

The magnitude of the problems having to do with identifying, diagnosing, classifying, educating, and treating exceptional children does not encourage deep satisfaction with the past or pervasive optimism about the future. But neither does gloom seem called for: within the past few years, some important and substantial improvements have been made, and there is evidence of a growing public concern, which is a vital prerequisite of any broad-based reform. And furthermore, for those primarily concerned with exceptional children, there are some concrete and specific steps toward improvement which can be and are being taken. Here are some examples:

Early screening and health maintenance. It is axiomatic that early identification, diagnosis, and remediation of a difficult problem are normally preferable to a delayed attempt to solve it. Prevention is more effective and more economical, as a rule, than repair. Early screening appears to be an attractive possibility for identifying problems in children, leading to further diagnostic studies which in turn would lead to prevention, improvement, or cure of developmental handicaps. A massive screening and assessment system can serve to detect infants and children at risk of becoming disabled, and lead to early and presumably more effective treatment. Periodic screening of special groups of children is provided for by several important pieces of federal legislation, including the Social Security Act, Head Start and Home Start, the Parent and Child Center program of the Office of Child Development, and the 1969 Developmental Disabilities Act. A number of states also have passed legislation providing for screening.

Ideally, special screening programs should not be necessary. All children, regardless of their economic status, should be able to participate in a health maintenance program. Comprehensive examinations, with follow-up evaluations when required, should be a normal and routine part of keeping a child well and growing as he should. But routine health care is simply not available to many of the nation's children, and screening programs appear to be necessary, at least for the time being, to get help to children who otherwise would be neglected. Mass screening programs, though, are a poor substitute for good health care.

The assumption that leads to screening rather than health-maintenance programs is that the United States cannot afford adequate health care for all its children. However one may feel about that assumption, there is no escaping the fact that health services for children are inequitably distributed and that many children—especially children of poor, uneducated, or minority-group families—do not get the care they need to get a decent start in life. In the face of this depressing reality, the question of screening takes a different form: What can be done to make screening programs as effective as possible in order to increase the number of children who get needed services? At the present time, massive screening is a promising concept in need of further study. These are some of the questions that should be researched and tested: What qualifications are necessary for people who staff screening programs? How reliable and valid are the tests used in screening programs, and how may they be improved? Do currently available screening procedures reliably identify a significant number of children whose difficulties were not already known? How many children who are identified in screening programs as needing further diagnostic studies and possible treatment actually get them?

For lack of a better alternative, screening programs are important to the nation's children. Until such time as comprehensive diagnostic and treatment programs can be provided, it seems sensible to continue early screening programs, to recognize limitations and dangers inherent in them, and to invest in research to improve them.

An alternative to traditional classification. Classification of exceptional children is necessary at every level of organized concern for them. The problem raised by labeling is essentially this: Are there ways to classify children without resorting to stigmatizing labels?

Almost all states use some kind of labeling or categorization of handicapped children as a basis for funding local programs. Most use conventional categories, such as *blind, deaf,* and *mentally retarded;* some have adopted broader terms, such as *handicapped* or *children in need of special assistance.* Most states and school districts maintain lists of handicapped children by name and label, a practice required or encouraged by state and federal statutes. Awarding funds to school districts on the basis of numbers of children in particular categories tends to lock children into those categories. There is no incentive to move them out, and no way for the state to determine the outcome of its expenditures. Indeed, the rationale of funding numbers and labels encourages school officials to maximize the number of children classified as handicapped, and to keep them so classified.

But most states are reluctant to change the practice, for fear of losing federal funds. State special education directors, for example, generally oppose the removal of labels because they believe special program funds will be cut off if programs for exceptional children are not kept separate from regular classes. A way out of this dilemma is suggested by the special education directors: that the amount of support be based on the services needed to meet the needs of the handicapped, rather than on lists of children by categories. In other words, emphasize the programs and personnel needed to serve children with special needs, rather than placing the focus on the child's handicap. Minnesota has been using such a plan since 1957, with favorable results. Several other states have adopted similar approaches, which may lead to the abandonment of conventional labels, to improved services, and to increased local accountability.

A profile of assets and liabilities. Each child is unique, the center of a unique life space. To design a plan to help him grow and learn requires much specific information about him and about his immediate world. The best way we have discovered to get the

information needed for good program planning is to construct a profile of assets and liabilities of the child in a particular setting at a particular time. The profile should describe physical attributes, should specify what the child can do and cannot do, and should indicate what he can be taught to do and what is expected of him. It should include important people and institutions in his life. The profile should be the basis for specification of treatment objectives and of time limits for accomplishing goals agreed upon by all who are a party to their realization. Periodic review should lead to a revision of the profile and a modification of treatment objectives. However simple or complex the profile is, it should be specific about problems, set reasonable goals, and provide a means of assuring that goals are met or appropriately revised.

Until the last decade, it was inconceivable that school records and state reports could contain the amount of information needed to plan individualized programs and provide resources to carry them out. Hand processing of records and the inability to sort records rapidly for specific information made it necessary to be content with such gross categories as *mentally retarded,* to group children accordingly, and to reimburse schools for the numbers of children in the groups. Now, computer technology provides the means of organizing information in operationally significant units, specifying resources required to provide specific services, and tracking events to ascertain outcomes. In a perfected system, data from all states could be aggregated to provide the federal government with information needed to plan legislation, not in terms of gross categories of exceptionality but in terms of specific requirements for services. Such a system should be developed.

Individualized program planning. The profile of assets and liabilities of individual children comes much closer to providing a satisfactory basis for planning individualized programs than do traditional classification schemes. However, we have come to value an approach that is conceptually more powerful than a profiling system and that commends itself as a strategy for working with individual children. It is an ecological approach to the assessment of a child's difficulties and to the planning and programming done on his behalf. With this approach, the child is no longer the sole focus of assessment and intervention. Rather, the problem is seen

as residing in a circumscribed ecological system defined by the being of the child and including parents, teachers, siblings, and other people important in the life of the child. Human ecology is the study of the dynamic relationship between an individual and his unique set of environmental circumstances, during a particular period of time. Thus, instead of profiling children, the assessments and interventions would focus on exchanges between the individual child and the significant individuals who interact with him in the settings in which he participates. The objective is not merely to change or improve the child but to make the total system work, and the goal is to help the child while strengthening the normal socializing agencies (the family, the school, the church).

We do not underestimate the difficulty of thinking in ecological terms in programming for individual children. First, there is the long tradition of thinking of problems as being "inside the child," like most illnesses. Then there are the accustomed categories that are so easy to use. Furthermore, this new approach will require extensive revision of training programs. But the arguments in favor of an ecological emphasis are impressive and even compelling. It allows professionals to become consultants directing a cooperative program of improvement, it brings the parents back into a more direct and vital role than traditional treatment programs permit, it emphasizes the development of positive skills and competencies in the child, and it allows intervention and treatment in a greater variety of ways. In short, the ecological strategy is a comprehensive, cooperative, coordinated approach to the problems of handicapped children. With such a strategy, it is possible to devise an informal child development contract which specifies objectives and describes roles for all involved, from the child and his parents to his school and his professional helpers.

An extended role for the public schools. The institution in our society that can serve almost all children without creating nonfunctional categories and isolating conditions is the public school. Public schools should be made responsible for ensuring that all but the most severely handicapped children receive appropriate services from the time of earliest identification

through the school years. The schools should provide counseling services to parents and educational programs for handicapped and disadvantaged children from infancy on. Schools should play a coordinating and advocacy role to assure that these early intervention services and all necessary treatment are provided to all who need and want them. We do not propose that the schools take over the functions of other community agencies that serve children and their families, but they should have the resources to do so when necessary, and they should be the single agency responsible for seeing that the services are responsive to particular children.

Within the schools, the current movement toward "mainstreaming," or integrating exceptional children into the regular classroom and reducing the number of special classes for handicapped children, is encouraging. But mainstreaming is not without its problems and these must be recognized and coped with. We see the movement as a manifestation of a larger commitment to individualization of instruction for all children. In schools that are most responsive to individual differences in abilities, interests, and learning styles, the mainstream is actually many streams. We see no advantage in dumping exceptional children into an undifferentiated mainstream, but we see great advantages to all children in an educational program tailored to the needs of individual children—singly, in small groups, or all together. Individualized programs may require separate classes for some children for some of the day. This approach has merit not alone for handicapped children but for normal children, who should have an opportunity to know handicapped children sufficiently well to appreciate them as people. If such experiences were provided early enough and continued under sensitive guidance, the handicapped would no longer be alienated and the lives of the nonhandicapped would be enriched. Mainstreaming will not save money and may even cost more than conventional segregated programs, but it should provide a better education for all.

Alternatives to institutionalization. In view of the damaging experiences of so many mentally retarded, emotionally disturbed, and delinquent children in so many residential institutions, there

have been increasing demands to return children to community-based programs. This process involves phasing out large residential facilities and replacing them with small centers located near the families of the children served. It is unrealistic, of course, to expect that all institutionalized children can be returned to their families, to foster homes, to open, community-based facilities, or to the public schools. Some children will require intensive treatment in closed facilities, and some will require lifelong institutional care. But in general, the trend toward smaller facilities, more treatment in normal settings, and reducing the resident population of institutions is encouraging.

A note of caution seems appropriate here. The bandwagon for community-based programs is gathering momentum, and it is entirely possible that the precipitous closing of large institutions without sufficient preparation in the community to receive and care for the children released may defeat a fundamentally sensible reform and produce a new crisis in caring.

5

Recommendations and Priorities

In this final section, we present the major recommendations of the Project on Classification of Exceptional Children, along with seven priority needs. The recommendations are not limited by what is politically feasible or immediately probable. We have tried to say what we think needs to be done. That the list is long says only that much needs to be done.

I. Helping Families Help Children

The core idea of the proposed new strategy for helping exceptional children is to reinforce the normal social units responsible for child rearing, to increase their effectiveness, and to employ special agencies only to the extent necessary to supplement the efforts of family, neighborhood, and regular school. "Supplementation" may sometimes require extreme measures, such as permanent removal of a child from his family, but the guiding principle should be to find solutions that are least disruptive of the normal processes of socialization. To these ends we make four recommendations designed (1) to provide family-support services, (2) to empower parents as advocates for their children, (3) to facilitate the coordination of services through the Child Development Services Contract, and (4) to provide basic income maintenance for poor families with exceptional children. All of these recommendations flow from an ecological analysis of the task of helping exceptional children.

1. *Federal, state, and local programs for handicapped, disadvantaged, and delinquent children and youth should have as a major objective supporting the family and other normal socializing agencies in the discharge of their child-rearing responsibilities.*

2. *All federal, state, and community programs that provide funds for services to exceptional children should require that parents (and wherever appropriate, young people themselves) have an effective voice in the design, conduct, and evaluation of the program. Professional and voluntary organizations concerned with exceptional children should make the empowerment of parents a high-priority objective of their programs.*

   2a. *Voluntary organizations of parents and others concerned with exceptional children should form a coalition at the national, state, and local levels to diminish categorization of children and to achieve adequate services for all exceptional children.*

   2b. *Parents and others concerned with the well-being of handicapped, disadvantaged, and delinquent children should continue to press their case in the courts to define and achieve their civil rights.*

3. *We urge experimentation with informal and formal Child Development Services Contracts or Memoranda of Agreement as a basis for program planning for individual exceptional children, as a means of specifying goals and procedures, and as a way of defining responsibilities and coordinating efforts, all in the interest of restoring the child to full effectiveness or achieving for him the fullest possible participation in the normal experiences of childhood.*

4. *In the interest of children classified as handicapped who also are poor, we urge that some form of family income-maintenance program be adopted into law by the Congress of the United States.*

II. Reducing Harmful Effects of Classification

To reduce harmful effects of categories and labels on exceptional children, we offer five sets of recommendations. They call for (1) improvements in classification systems, (2) some constraints on the use of psychological tests, (3) improvements in procedures for early identification of children at developmental risk, (4) some safeguards in the use of records, and (5) attention to due process in classifying and placing exceptional children.

1. *The Secretary of Health, Education, and Welfare should contract with appropriate institutions and agencies to develop a comprehensive diagnostic and classification system for handicapped, disadvantaged, and delinquent children. The Secretary should also encourage, through*

grants and contracts with appropriate agencies, the development of standardized, quantitative, ecologically oriented profiling systems for work with exceptional children, and the development of model intervention programs based on ecological concepts.

2. *Because psychological tests of many kinds saturate our society and because their use can result in the irreversible deprivation of opportunity to many children, especially those already burdened by poverty and prejudice, we recommend that a National Bureau of Standards for Psychological Tests and Testing be established, and that specific minimum guidelines controlling the use of educational and psychological tests for the classification of children be developed. Organizations that make extensive use of educational and psychological tests, such as state agencies, school systems, employment agencies, and businesses, should establish review boards to monitor their testing programs.*

3. *It should be the objective of the nation to serve all families and children through health-maintenance programs, with costs borne, to the extent necessary, by insurance programs or government subsidy.*

   3a. *Until health-maintenance programs are made available to all children, interim arrangements should be made to provide health services to children of poor families and other high-risk groups.*

   3b. *A major emphasis should be placed on providing treatment, rehabilitation, and educational services for children with known handicapping conditions.*

   3c. *Educational programs for parents, teachers, and professional people who work with children should include instruction in identifying signs of illness and of handicapping conditions and in getting further diagnostic and treatment services for children with suspected problems.*

   3d. *In order to improve existing screening tests and programs and to provide quality checks on performance, a minimum of 10 percent of total costs of screening programs should be invested in research, development, and evaluation studies.*

4. *The Secretary of Health, Education, and Welfare should appoint a panel (composed of parents of exceptional children and of experts on information systems, professional practice, and professional ethics) to design a comprehensive set of rational guidelines for the maintenance,*

protection, and disposal of records on children. Each institution or agency that maintains records on children and their families should establish a Records Policy Board to safeguard the interests of all concerned parties. The results of diagnostic evaluation of children, including treatment plans, should be fully interpreted to parents, and a written record should be made available to them.

5. *Schools and other agencies responsible for the classification of handicapped children should establish formal procedures for reaching decisions of substantial consequence to the child.*

   5a. *The status of children in special placement should be reviewed annually (with appropriate examinations as may be required) to revalidate the assignment or to place the child in a more appropriate setting.*

   5b. *No child should be excluded from school without a formal review, with due process considerations paramount.*

   5c. *Because of the large number of children who have been unfairly excluded from school, their classification (formal or informal) legitimizing their exclusion, the Secretary of Health, Education, and Welfare should cause to be undertaken a comprehensive study of the problem, leading to the return of children to school whenever possible and to the prevention of abuses in the future.*

III. Improving Education and Treatment Programs

We make three sets of recommendations to improve special programs for handicapped, disadvantaged, or delinquent children and youth and thereby to reduce the harmful consequences of classification or inappropriate placement and to obtain for children services that are as helpful and healing as possible in settings that are as normal as circumstances will allow. The recommendations call for (1) making the schools the public agency with primary advocacy responsibility for most handicapped children from birth to maturity, (2) educating handicapped children in as near-to-normal settings as possible, and (3) replacing large, congregate institutions for exceptional children with smaller institutions and community-based facilities. Our concern here is with four groups of children: handicapped children in school; handicapped children from birth to school age for whom no institution now has generally recognized responsibility;

children in residential institutions; and handicapped children of all ages who are in the community, unidentified, and receiving no public educational services. We make a single recommendation (4) concerning handicapped adults.

1. *The public schools should be the institution with primary advocacy responsibility for providing or obtaining educational and related services for all children in need of special assistance except those who require institutionalization.*

   1a. *Funds should be made available to the public schools to provide educational or developmental services to handicapped children and youth from birth through the school years, including funds for parental education and counseling. Funds for specialized services should be available for emergency use.*

   1b. *When the public schools of a community are judged by state or community authorities to be inadequate to perform the advocacy function for handicapped children as is here proposed, some other community agency (such as the health department or the comprehensive community mental health center) should be officially charged with the advocacy function and provided funds to make its work effective.*

2. *Educational programs for handicapped children should be provided in settings as near to normal as possible, consonant with the provision of the specialized services they need.*

3. *The large, congregate residential institutions for children of all categories (retarded, delinquent, emotionally disturbed, dependent, blind, and so on) should be closed and the children cared for in community-based programs:*

   3a. *Ordinarily the public school system should be made responsible for educational programs in children's institutions operated by specialized departments of government.*

   3b. *To prevent the replacement of bad large institutions with many bad small institutions, uniform quality and performance standards must be developed for the full array of institutional services provided for handicapped, delinquent, and dependent children. The Secretary of Health, Education, and Welfare should cause such standards to be developed, and federal funding for relevant programs should be contingent upon compliance with them.*

3c. Each state should develop a long-range, comprehensive plan for converting large institutions for handicapped, dependent, and delinquent children to community-based programs.

3d. The governor of each state and territory should create an independent Human Services Auditing Agency to enforce standards for institutions and community programs serving exceptional children.

4. Recognizing that some children classified as handicapped may need assistance throughout their lives, we recommend that the Secretary of Health, Education, and Welfare establish a national commission to conduct a comprehensive study of the problem of handicapped adults and to make recommendations leading to the fullest development and utilization of their abilities.

IV. Coordination of Services

We make a single, comprehensive recommendation for improving the coordination of services to exceptional children in the context of improving services for all children and their families. We see only one effective solution to the problem: the creation of a new planning and coordinating agency for families and children at the federal level and for the establishment of corresponding agencies at the state and local level.

1. The Congress should establish an Agency for Families and Children to serve a planning and coordinating function for all federal programs bearing on family life and child development. The legislative body of each state and community should establish a similar office with similar functions.

V. Patterns for Funding Programs

We make four sets of recommendations for funding programs for exceptional children. The recommendations call for (1) budgeting on the basis of service requirements as a way of avoiding categorical funding patterns; (2) providing supplementary funds to the local school system by one of two methods, (3) establishing cost-accounting and reward systems to encourage early return of children from special placements to regular programs and settings, and (4) defining a special role for federal funding in the service of exceptional children.

1. *In order to reduce fragmentation of services, to give maximum discretion in programming to state and local agencies, and to minimize the effects of labeling on individual children, we recommend replacement of classical categories of exceptionality by two major categories, in accordance not with types of disability but with kinds and duration of services needed: Children in Need of Special Assistance and Children in Need of Prolonged Assistance.*

   1a. *The Secretary of Health, Education, and Welfare should make available earmarked funds for cost-effectiveness studies of various strategies of caring for children in need of prolonged assistance, including especially assessment of the benefits of early intervention and of intensive intervention (as opposed to custodial care) at any age.*

   1b. *Funds for the support of public school programs for children in need of special assistance should be provided on the basis of a flat percentage of the total appropriation (federal, state, and local) for all children. As a general guideline, a 15 percent funding formula is recommended. The extra funds should be added to appropriations for all children, not taken from them.*

2. *The preferred mode of funding would be to make available to local school systems this supplementary allocation in a lump sum, to provide special instruction programs for all exceptional children. If central accounting at the state level is required to fund programs for exceptional children, it is recommended that funds be made available on the basis of requirements for service, not on the basis of categories of children.*

3. *Cost-accounting procedures for programs for exceptional children in special classes in public schools or in residential institutions should be based on two components: cost per child per day in special settings, and cost per child restored to effective functioning in his home or regular classroom.*

4. *In addition to support for programs for exceptional children through measures that provide funds through states and municipalities, there should be a federal program of direct grants for universities, public schools, and community agencies to support training and research, to sustain initial costs of innovative programs, to encourage interagency and interinstitutional cooperation, to aid developing institutions, and to facilitate regional planning and programming.*

VI. Manpower and Training

We make two sets of recommendations concerning manpower and training programs to provide services for exceptional children. They call for (1) curriculum revision in programs for the training of educators, physicians, psychologists, social workers, and other professional people to sensitize them to problems inherent in the classification and labeling of children, and the establishment of training programs in interdisciplinary settings to enhance communication among professionals of various backgrounds; and (2) the establishment of a Child Development Service Corps, or a state-level counterpart, to assist in programs for exceptional children.

1. *Professional training curricula for those who serve children and their families should lead to an understanding of the role of classification in problem solving, the limitations of available classification systems, and the various functions, some constructive and some not, that are served by categorizing and labeling children.*

   1a. *Training programs for professional people who serve children should have joint interdisciplinary seminars and internships for the purpose of encouraging the development of a shared vocabulary, including the elements of a comprehensive classification system as advocated in this report.*

   1b. *Professional training programs for various kinds of workers with handicapped, disadvantaged, and delinquent children and youth should provide instruction in the management of ecological systems defined by individual exceptional children.*

2. *Congress should establish a Child Development Service Corps to provide aids to parents, teachers, and child-care workers in the service of handicapped, disadvantaged, and delinquent children. The U.S. Office of Education should be made responsible for planning, developing, and operating the program; an alternate plan would be for Congress to provide matching funds for state-sponsored programs of comparable purpose.*

VII. Child-Development Programs and Public-Policy Research

We make two recommendations concerning public-policy research on exceptional children. They call for (1) establishment

of university-based centers to study policy on family life and child development, and (2) organization of a technical advisory group on families and children to provide expert advice to congressional committees.

1. *We recommend the establishment of six university-based policy study centers on family life and child development.*

2. *We recommend that a technical staff group on family life and child development be organized to provide ongoing expert advice to the appropriate committees of the Congress.*

Seven Priority Needs.

With so many recommendations, it is reasonable to ask what problems should be given priority—in timing and in resource allocation. We identify now seven problem areas calling for immediate and sustained attention because of their urgency and their long-range significance:

1. *Support for parents:* A long tradition sustains a helping strategy that concentrates professional assistance on the immediate problem of the individual child, to the neglect of family, school, and community. We call for a shift in that strategy to support the family, not supplant it; to revive neighborhoods, not condemn them; to expand the role of the public school, not limit it. What is needed is a new partnership among public agencies, professional people, and parents to achieve an optimal balance of shared, long-term responsibility for exceptional children. This new policy will require a redefinition of professional roles, a redesign of funding programs, a reform of curricula for the training of teachers and other child-care workers.

2. *Improved residential programs for children.* Many of the residential institutions for mentally retarded, emotionally disturbed, delinquent, and dependent children—even some that enjoy good reputations—are a disgrace to the nation. The system requires a complete overhaul. The goal should be to develop alternatives that embrace the best of our own practices and the practices of countries most advanced in child care. Transforming the system will require new concepts, new personnel, new

facilities, new funds, and above all, a new sense of responsibility for all our children.

3. *Help for children excluded from school.* Children excluded from school may be a more serious problem than children confined to inadequate institutions. An unknown number—some authorities say as many as two million—have been classified, formally or informally, and excluded from school without adequate due process and without adequate alternative provisions for their instruction. These children come most often, although not exclusively, from poor, uneducated, and alienated families. They are in danger of being committed to a lifetime of ignorance and poverty. No one knows the full dimensions of this problem, yet its gravity is becoming apparent and the need for remedy is urgent.

4. *Fairness to disadvantaged and minority-group children.* Exceptional children of minority or poverty status are in double jeopardy. They are frequently misclassified and thereby denied appropriate opportunities for development; when they are properly classified, they are often unable to obtain the services they need. The nation's most urgent domestic need is to equalize access to opportunity for all, regardless of race, ethnic background, or economic status. The exceptional child and his family bear a disproportionate burden of this pervasive inequity.

5. *Improved classification systems.* Better classification procedures are needed not as an end in themselves but as a means to deeper understanding and to improved programming for children. What is needed is a classification system that provides increased understanding of the complex character and causes of handicapping conditions and increased information for the planning of programs, the delivery of service, and the determination of accountability. At the same time, improved classification is needed to decrease the possibilities of inappropriate treatment and to remove the stigma that so often burdens the labeled child.

6. *Better organization of services.* The criterion of the design of organizations should be the quality of services they deliver to

children and their families. With that goal in mind, the challenge is to develop a coherent national policy to generate and use wisely our resources for family life and child development. The structure of organizations, both public and private, should be re-examined to reduce nonproductive duplication and to achieve efficient, mutually reinforcing programs, while retaining the advantages of pluralism and diversity.

7. *New knowledge.* The knowledge base for classifying children and designing appropriate programs for them is altogether inadequate. Major policy changes are adopted without convincing evidence of their probable effectiveness. Classification systems themselves need improvement through research. We do not propose a slowdown in changes made on the basis of the best available evidence, but we do urge that research be expanded to improve future judgments. As much as anything else, new knowledge is needed to better the futures of children.

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